

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☐ yes

☒ no

☒ Mr. Artist LAWSON, Jeff

(Last Name Last)

Permanent

Address Box 1033 Lorain, Ohio

Street

City

44055

Tel. (216) 245-1016

Zip

Area Code

Temporary or

Studio Address _____

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _____

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

The Pool Room

Price or NFS

\$350.00

Insurance Value
if NFS Only

Size

11 x 14

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

None

Total No. in Edition

1

Price
Unframed

\$300

Price of
Frame

\$150.00

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

25 (3) LI

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Braids

Price or NFS

Insurance Value
If NFS Only

Size

8 x 10

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

1

Price
Unframed

\$175.00

Price of
Frame

\$200.00

ACCEPTED

REJECTED

X

DO NOT WRITE IN
THIS SECTION

ACCEPTED

REJECTED

RECEIVED

5/10 Jan

DATE

DETACH

1983 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Jeff Lawson

Name

Box 1033

Address

Lorain Ohio 44055

City & State

Zip

This is your only receipt to claim your object(s).

NOTIFICATION #2

DO NOT
DETACH,

1

☐ 1. Paintings

☐ 2. Graphics

☒ 3. Photography

☐ 4. Sculpture

☐ 5. Crafts

Title

DO NOT WRITE IN THIS SECTION

25(3)

ACCEPTED

X

REJECTED

2

☐ 1. Paintings

☐ 2. Graphics

☐ 3. Photography

☐ 4. Sculpture

☐ 5. Crafts

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:
REJECTED: MAY31- JUNE 4
ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.